SECURITIES AND EXCHANGE COMMISSION Washington D.C. 2057

FORM D

OMB APPROVAL

OMB Number: 3235-0076

May 31, 2005 Expires:

Estimated average burden

hours per form 16.00

Mice Secure	NOTICE OF CA	TE OF SECTION	75 - - /	CESSED	SE	C USE ONI	_Y
ANT S J SAMA	NUTICE OF SA	LE OF SECURITIED REGULATION D	B PKC	OCESSED JL 252008	Prefix		Serial
Maspirator D	C CECTION		, X "	u 2.5.2008	1		
windton, D	SECTION	4(6), AND/OR	JU. Y Managaran	JL DOCUS	DA	TE RECEIV	'ED
Masuria avii	FORM LIMITED	OFFERING EXEM	NOLLAI	NSON REUT	ERS		
00			THON	M2014 1623	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Name of Offering ()	heck if this is an amendr	nent and name has changed,	and indicate	change.)			
ASTERION CAPITA	L FUND LTD.: THIS (FFERING IS FOR "RED	EEMABLE	SHARES"			
Filing Under (Check b	ox(es) that apply): 🔲 Ru	ıle 504 □ Rı	ile 505	Rule 506	☐ Sectio	n 4(6) 🔲 l	JLOE
Time of Filings	■ New Filing	☐ Amendment					
Type of Filing:	Tillians The Section	A BASIC IDENTIF	CATION'D	ATA	in the state of the state of	At will stopped	representation
	on requested about the is		27.000			· · · · · · · · · · · · · · · · · · ·	
Name of Issuer (□ che	ck if this is an amendmen	nt and name has changed, ar	id indicate ch	nange.)			
ASTERION CAPITA				T =		-	
Address of Executive		mber and Street, City, State,	Zip Code)	Telephone Nu	4111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	FIELL MELEGINAL
100 First Stamford	Place, 6th Floor East,	Stamford, CT 06902		(203) 388-48			
Address of Principal B	usiness Operations (Nu	mber and Street, City, State,	Zip Code)	Telephone Nu	mber		
(if different from Exec				<u>l </u>		0805643	35
Brief Description of B							
Investing and Trad							<u></u>
Type of Business Orga		1 1 1 1 5	100	(along specify)	· Coumon Iclar	nd Evennted C	ใดเกลเก
☐ corporation	on Ulimit	ed partnership, already form	ea womer	(bicase specify)	. Cayman islai	id Exchipted C	onipuny
□ business	rust 🗀 limit	ed partnership, to be formed					
		Month	Ye	аг			
A second on Cotimental D	ate of Incorporation or O		ጎ	5	☑ Actua	. 🗆	Estimated
Actual of Estimated D	ale of incorporation of O	rganization: 0 3	"	3	F		
Jurisdiction of Incorpo	oration or Organization: (Enter two-letter U.S. Postal	Service abb	reviation for Stat	te: F N	'	
• • • • • • • • • • • • • • • • • • •		CN for Canada; FN for for	reign jurisdi	ction)			
GENERAL INSTRUC	TIONS						
Federal:				I-Afa-a D C	ation 4(6) 17 C	DE 320 ናሳ፣ 🛶 😁	or ISTISC
774(6)		ecurities in reliance on an exem					
When To Eiler A notice	must be filed no later than	15 days after the first sale of s	ecurities in th	e offering. A not	ice is deemed fil	led with the U.S	Securities and
Exchange Commission (SEC) on the earlier of the da	te it is received by the SEC at t	he address giv	en below or, if rec	EIVEU AL INAL AGC	ness after the da	to on which it is

due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA							
2. Enter the information requested for the following:							
 Each promoter of the issuer, if the issuer has been organized within the past five years; 							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of							
equity securities of the issuer;							
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership							
issuers; and							
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Investment Manager							
Full Name (Last name first, if individual)							
Asterion Capital LLC							
Business or Residence Address (Number and Street, City, State, Zip Code)							
100 First Stamford Place, 6th Floor East, Stamford, CT 06902							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member of Inv. Mgr.							
Full Name (Last name first, if individual)							
Beaty, Bruce							
Business or Residence Address (Number and Street, City, State, Zip Code)							
100 First Stamford Place, 6th Floor East, Stamford, CT 06902							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or							
Managing Partner Managing Partner							
Full Name (Last name first, if individual)							
Bree, David							
Business or Residence Address (Number and Street, City, State, Zip Code)							
100 First Stamford Place, 6th Floor East, Stamford, CT 06902							
Check Box(es) that Apply: To Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner							
Full Name (Last name first, if individual)							
Brinkley, Blair							
Rusiness or Residence Address (Number and Street, City, State, Zip Code)							
100 First Stamford Place, 6th Floor East; Stamford; CT 06902							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or							
Managing Partner							
Full Name (Last name first, if individual)							
ાં પ્રાથમિક સ્વીકૃતિક કું જે માં પ્રાથમિક કુંક પ્રાથમિક કુંક પ્રાથમિક કુંક પ્રાથમિક કુંક કું કું કું કું કું ક							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Dustriess of Residence Address (Number and Surect, City, State, 2th Code)							

1.	Has the	issuer sol	ld, or does	the issue	intend to	sell, to no	n-accredit	ed investo	ers in this (offering?		•••••			Yes □	No ⊠
				Aı	nswer also	in Appen	dix, Colui	nn 2, if fil	ing under	ULOE.					_	_
2.	What is	the minir	num inves	stment tha	t will be a	ccepted fr	om any in	dividual .			•••••			<u>\$_2</u>	<u>50,000</u>	
3.	What is the minimum investment that will be accepted from any individual *Subject to the discretion of the Director to accept lesser amounts but not less that \$50,000.00 USD Does the offering permit joint ownership of a single unit?							Yes	Yes ⊠	No						
4.	commis person list the	ssion or si to be liste name of t	milar rem d is an ass he broker	uneration ociated pe or dealer	for solicit erson or ag . If more	ation of pagent of a b	urchasers roker or d (5) person	in connect ealer regis ns to be li	ion with s tered with	ales of se	directly of curities in and/or wit persons of	the offerion	ng. If a r states,			_
Full	Name (Last name	first, if in	dividual)	 											
Busi	iness or	Residence	Address	Number a	ind Street,	City, Stat	e, Zip Coo	de								
Nam	ne of Ass	sociated B	roker or D	Dealer					<u>. </u>	 					-	
State	e in Whi	ch Person	Listed Ha	s Solicite	d or Intend	ds to Solic	it Purchas	ers				<u> </u>				_
	(Check	"All State	s" or chec	k individu	ual States)					*		••••••			All St	ates
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			
Full	Name (I	Last name	first, if in	dividual)				 	· · · · · · · · · · · · · · · · · · ·							_
Busi	ness or	Residence	Address (Number a	and Street,	City, Stat	e, Zip Coo	ie)				<u>.</u>				
Nam	ne of Ass	sociated B	roker or E)ealer			· · · · · · · · · · · · · · · · · · ·	•	·							_
State	e in Whi	ch Person	Listed Ha	s Solicite	or Intend	ls to Solic	it Purchasi	PFS								
Jimi															All Sta	ates
,	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] (KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			
Full	Name (I	ast name	first, if in	dividual)											•	_
Busi	iness or l	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)		· · · · · · · · ·		<u> </u>	,		· • •	
Nam	ne of Ass	ociated B	roker or D	caler				 		 						_
State	in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solic	it Purchase	ers								_
	(Check	"All State	s" or chec	k individu	ial States)					•••••					All Sta	at e s
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN] Ise blank	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT] d use add	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV] his sheet	[GA] [MN] [OK] [WI] as neces	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			

B-INFORMATION ABOUT OFFERING - S.

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box I and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt..... Equity..... \$21,479,000.00 ■ Common ☐ Preferred Convertible Securities (including warrants)..... 0 Partnership Interests 0 Other (specify): Total \$21,479,000.00 Answer also in Appendix, Column 3, if filing Under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Investors Purchases Accredited Investors 10 \$21,479,000.00 0 Non-accredited Investors 0 Total (for filings Under Rule 504 only) 0 O Answer also in Appendix, Column 4 if filing under ULOE If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505 0 Regulation A 0 Rule 504 0 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... \$ <u>1,000</u> X Legal Fees \$ 35,000 X Accounting Fees. \$ 3,000 \blacksquare Engineering Fees. Sales Commissions (Specify finder's fees separately) Other Expenses (identify) delivery, mailing, fax, telephone, transportation \$ 1,000 \square Total \$ 40,000 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... * No minimum or maximum amount

C. OFFERING PRICE, NUMBER OR INVESTORS, EXPENSES AND USE OF PROCEEDS

rt	C – Question 4.b above.				
	Salaries and Fees		\$		\$
	Purchase of real estate		\$		s
	Purchase, rental or leasing and installation of machinery		\$		\$
	Construction or leasing of plant buildings and facilities		\$		\$
	Acquisition of other businesses (including the value of secu involved in this offering that may be used in exchange for				
	assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness		\$		\$
	Working capital	×	\$ All adjusted gross proceeds		\$
	Other		\$		s
			\$		s
	Column Totals	Ø	\$ All adjusted gross proceeds		\$
	Total Payments Listed (column totals added)** *No minimum		-	<u>s</u>	

Payments to

Officers,

Directors, & Affiliates

Payments to

Others

5.. Indicate below the amount of the adjusted gross proceeds to the issuer

used or proposed to be used for each of the purposes shown. If the

amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) ASTERION CAPITAL FUND LTD.	Signature	Date 7 18 08
Name of Signer (Print or Type) Bruce Beaty	Title (Print or Type) Managing Member of the Investment Manger	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

